FORM NH-1065

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION PARTNERSHIP BUSINESS PROFITS TAX RETURN

For the CALENDAR year 1991 or other tax year beginning _____ and ending ____ and ending ____

Due Date for CALENDAR year is on or before April 15, 1992 or 15th day of 4th month after the close of the fiscal period. FEDERAL IDENTIFICATION NUMBER Name of Partnership STEP 1 Place Number and Street **LABEL HERE** PRINCIPAL BUSINESS ACTIVITY CODE Otherwise, City or Town, State and Zip Code please print instructions or type Li Check here if the IRS has made any agreed or partially agreed to adjustments for any Federal Income Tax Return filed STEP 2 by the partnership which has not been previously reported to N.H. Years covered by IRS Federal Submit changes under a separate cover with form RP-87 **Information** and Special **Return Types** FINAL RETURN SHORT PERIOD RETURN ■ INITIAL RETURN ■ AMENDED RETURN ONLY CHECK IF THE BOX APPLIES - SEE INSTRUCTIONS STEP 3 **COMPLETE PAGE 2 BEFORE COMPUTING TAX** STEP 4 **Figure** 10. New Hampshire Apportionment Percentage (RP-80, express as a decimal to 6 places). Your Tax 11. New Hampshire Taxable Business Profits (line 9 x line 10) 12. STEP 5 (b) Payments from 1991 Declaration of Estimated Tax 13(b) **Figure Your** Credits, Interest (d) Credits allowed under RSA 77-A:5 (Attach Form DP-160).13(d) and (e) Payment made with original return (Amended returns only) . .13(e) **Penalties** 13. 14. Balance of Tax Due (line 12 less line 13)...... 15. Additions to Tax: (a) Interest......15(a) (b) Failure to Pay......15(b) (d) Underpayment of Estimated Tax......15(d) 15. 16. Balance Due (line 14 plus line 15.) Make check payable to: State of New Hampshire STEP 6 16. (If less than \$1.00 do not pay but still file the return) Figure Your Balance Due or 18. Apply Overpayment to: (a) Credit on 1992 Estimate..... 18(a) (b) Refund: .. (Please allow 12 weeks for processing of your refund) OFFICE USE ONLY THIS RETURN MUST BE ACCOMPANIED BY A COMPLETED AND LEGIBLE COPY OF THE US PARTNERSHIP INCOME TAX RETURN, FEDERAL FORM 1065, PAGES 1 THROUGH 4, WITH SUPPORTING SCHEDULES, AND A COPY OF SCHEDULE K-1 FOR EACH PARTNER FOR THE SAME TAXABLE PERIOD. Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Signature of Partner Date Signature of Paid Preparer Other than Taxpayer Date Preparer's Identification Number **DEPT. OF REVENUE ADMINISTRATION** Preparer Address DOCUMENT PROCESSING DIVISION MAIL TO: 61 SOUTH SPRING STREET, P.O. BOX 637 CONCORD, NH 03302-0637

City or Town, State, and Zip Code

FORM	REFER TO PAGE 2 LINE-BY-LINE INSTRUCTIONS	1991
NH-1065	STATE OF A CHARLET AND A PORT OF THE PARTY O	1991
1. INCOME AND DEDUCTIONS	m trade or business activities	1
(Federal Form 1065, page 1.	line 21)	
(b) Net income or (loss) from ren	ital real estate activities	,
(Federal Form 1065, Schedul	le K, line 2)	
(c) Net income or (loss) from oth	er rental activities le K, line 3(c))	
(d) Portfolio income or (loss)	e K, line 3(c))	
Federal Form 1065, Schedule	e K, lines 4(a), (b), (c) and (f) 1(d)	
		*
	tners (Federal Form 1065, page 1, line 10) 1(e)	
lines 1(a) through 1(e) above		
(a) Partnership evpenses on Fed	leral Form 1065 not included in lines	
9 through 19. Attach schedule	e1(g)	·
(h) Seperate entity limitation adju	ustment (See instructions) 1(h)	
	rough 1(h))	. 1(1)
2. NET GAIN OR (LOSS) FROM SA	ALE OF ASSETS. (SEE INSTRUCTIONS) Attach schedule if additional	space is needed.
Description of Property		Gain (Loss)
· · · · · · · · · · · · · · · · · · ·		
TOTAL CAIN (I OCC) FROM CALE OF	ACCETO	. 2
	ASSETS	. 2
3. INSTALLMENT GAIN OR (LOSS) Attach schedule if additional space is needed. Description of Property	Gain (Loss)
(a)		
(b)		
(c)		
(d)		
(e) TOTAL INSTALLMENT GAIN	OR (LOSS)	3
	ne 1(i) adjusted by lines 2 and 3)	
5. COMPENSATION DEDUCTION I	FOR PERSONAL SERVICES (See Instructions)	5 1
6. SUBTOTAL (Line 4 adjusted by li	ne 5). If negative show in brackets and attach Form RP-131	6
NOTE: If line 6 shows a loss, Form RP-1	131 must be filed. Failure to attach Form RP-131 will result in an	
	if you wish to waive your right to carry forward this year's	
	nt, you are not required to file Form RP-131.	
7. NH ADDITIONS AND DEDUCTIONS	· · · · · · · · · · · · · · · · · · ·	•
	nchise taxes measured by income for	
(b) "Safe Harbor" or other simila	on federal form 1065 (attach schedule) 7(a)	
	e showing computation)	
• • • • • • • • • • • • • • • • • • • •		·
(c) NH Net Operating Loss Dedu	ction (Attach Form RP-132)	
(d) Interest on U.S. obligations		
(e) Wage adjustment required by	IRC Section 280C	*
(e) wage adjustifient required by	7(e) 1	
(f) Other non-unitary income net of		
	Fed. I.D. No., & amount by payor) 7(f)	
(g) Distribution from a joint ventu which has already been subject	ect to the NH Business Profits Tax7(g)	
-	the basis of assets which was due to	
	est in the partnership (RSA 77-A:4, XIV) 7(h)	
(i) Interest and dividends subject	et to tax under RSA 77	
•	``	
(j) Other additions and deductions	s required by RSA 77-A:4 (Attach schedule) 7(j)	
(k) Total additions and deduction	s (Combine lines 7(a) through 7(j))	7(k)